



STATE OF TENNESSEE  
**INSURANCE ADMINISTRATION**  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
1400 ANDREW JACKSON STATE OFFICE BUILDING  
500 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243-0295  
(615) 741-3590 FAX (615) 741-8196

**LEAVE WITHOUT PAY INSURANCE OPTIONS**

**INSTRUCTIONS:** Read the following information regarding your insurance options while on an approved leave of absence. Please make a selection then sign, date, and return this form to your departmental insurance preparer.

☐ **Family Medical Leave**

- Maximum period of 12 weeks per calendar year. Approval for this leave is granted through your Department.
- Employee continues to pay 20% of health premium through direct monthly billing. Separate bills will be generated for any optional coverages such as life or dental.
- When your family medical leave is exhausted, you must (1) return to work, (2) be coded as leave without pay-21 if you continue your insurance, or (3) be coded as leave without pay-22 if you cancel your insurance.

☐ **Leave Without Pay (Insurance Canceled – Code 22)**

- Maximum period of two years.
- You must submit a Request for Cancellation while on active pay status. When you return to active employment, you have 31 days to reactivate your coverage by completing an Add/Change Enrollment Form. \*If you fail to enroll within 31 days, you will only be eligible by satisfying one of the special enrollment provisions. If you return to work after a six-month leave period, you will be subject to the Plan's six month preexisting condition requirement.

☐ **Leave Without Pay (Insurance Continued – Code 21)**

- Maximum period of two years. You will be responsible for 100% of the health premium and will be billed at home each month. You may continue insurance coverage while on an approved leave of absence and then request cancellation if unable to continue paying the premium (see Code 22 for details).

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER SECTION**

Employee name: \_\_\_\_\_ Employee SSN: \_\_\_\_\_

**Family Medical Leave:** Employee began FMLA \_\_\_\_\_ and ends \_\_\_\_\_

**Request to Cancel (Code 22):** Effective \_\_\_\_\_

**Leave Without Pay (Code 21):** Effective \_\_\_\_\_ (Starts one full month after leave without pay begins.)

**NOTE:** Notify DIA when the employee returns to work. If the employee does not return to work after 12 weeks of family medical leave, notify DIA of the employee's decision to either cancel or continue insurance at that time.

Insurance Preparer Signature \_\_\_\_\_ Date \_\_\_\_\_

\*See your departmental insurance preparer for special enrollment provisions.

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Send one copy each to employee, insurance file, and the Division of Insurance Administration.